



# Commonwealth of Massachusetts

## REGISTRY OF MOTOR VEHICLES

### APPLICATION FOR REPLACEMENT SECTION FIVE PLATE

Date:\_\_\_\_\_ ☐ Lost ☐ Stolen If stolen, police report provided ☐ Yes ☐ No *(a copy must accompany this form)*

#### Registration Type

**Dealer:** ☐ Normal ☐ Vanity ☐ Boat ☐ Motorcycle **Repair:** ☐ Normal ☐ Vanity ☐ Farm ☐ Owner/Contractor ☐ Transporter

Plate Number and Letter:

Corporation/Business Name (as it appears on Registration)

Business Address

Business Contact Person

Business Contact Phone Number (    )

Insurance Provider

*I affirm that all statements herein are true to the best of my knowledge and belief.*

Authorizing Signature

Name (if different than Contact Person)

**FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH**

**FEE: \$10.00**

#### For RMV Use Only

Clerk Initials:\_\_\_\_\_

Registrar's Stamp:

Batch #:\_\_\_\_\_

Registry of Motor Vehicles • Section Five Division • 857-368-8030 • FAX 857-368-0823